

Application Data Sheet

Application Information

Application Number::

Filing Date:: April 25, 2005

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CDs::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title:: COSMETIC AND PHARMACEUTICAL FOAM

Attorney Docket Number:: 113873.124 US2

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 2

Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full Capacity
Given Name:: Dov
Middle Name::
Family Name:: Tamarkin
Name Suffix::
City of Residence:: Maccabim
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 537 Har Hila Street
City of Mailing Address:: Maccabim
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 71908

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full Capacity
Given Name:: Doron
Middle Name::
Family Name:: Friedman
Name Suffix::
City of Residence:: Karmeï Yosef
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 33 Alon Street
City of Mailing Address:: Karmeï Yosef



State or Province of Mailing Address::

Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Israel

Status:: Full Capacity

Given Name:: Meir

Middle Name::

Family Name:: Eini

Name Suffix::

City of Residence:: Ness Ziona

State or Province of Residence::

Country of Residence:: Israel

Street of Mailing Address:: 2 Hashaked Street

City of Mailing Address:: Ness Ziona

State or Province of Mailing Address::

Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address::

Correspondence Information

Correspondence Customer Number:: 23483

Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

Phone Number::

Fax Number::

E-Mail Address::

Representative Information

Representative Customer Number::	23483	
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	is a national phase under 35 USC 371	PCT/IB2003/005527	10/24/2003
PCT/IB2003/005527	An application claiming the benefit under 35 USC 119(e)	60/492546	11/29/2002

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
PCT	IB2003/005527	10/24/2003	Yes
Israel	152486	10/25/2002	Yes

Assignee Information

Assignee Name::

Foamix Ltd.

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::